

# Haas Sons/Haas Transport, Inc.

203 E. BIRCH ST., THORP, WI 54771

## APPLICATION FOR EMPLOYMENT

We are Equal Opportunity Employment Companies

**Before you will be considered for employment, this application must be completely and accurately filled out.  
Please print neatly in all the provided areas.**

PERSONAL INFORMATION (PLEASE PRINT)	
	Date: _____
FIRST NAME: _____ MIDDLE: _____ LAST NAME: _____	
PHYSICAL ADDRESS: _____	
CITY: _____ STATE: _____ ZIP: _____	
CONTACT TELEPHONE: _____ DATE AVAILABLE FOR WORK: _____	
EMAIL ADDRESS: _____	

Position Applied For: \_\_\_\_\_

Referral Source (please check one):  Advertisement  Employee  Walk-In  Website  Other: \_\_\_\_\_

If referred by a current employee, please provide: Employee Name: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

Do you have a valid driver's license?  Yes  No State: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Can you travel if the job requires it?  Yes  No

EDUCATION				
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRATUATE YES      NO
High School				<input type="checkbox"/> <input type="checkbox"/>
College				<input type="checkbox"/> <input type="checkbox"/>
Other				<input type="checkbox"/> <input type="checkbox"/>

SPECIAL SKILLS (LIST ANY SPECIAL SKILLS OR EXPERIENCE THAT WOULD HELP YOU IN THE POSITION YOU ARE APPLYING FOR)

EQUIPMENT EXPERIENCE (LIST ALL EQUIPMENT OPERATED)		
EQUIPMENT	MONTHS/YEARS EXPERIENCE	WHERE/FOR WHOM

**EMPLOYMENT HISTORY (LIST LAST 3 EMPLOYERS BEGINNING WITH THE MOST RECENT)**

Current Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact employer prior to hiring?  YES  NO

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**NOTIFICATION AND AGREEMENT**

I hereby authorize Haas Sons/Haas Transport, Inc. to make investigations (including contacting current and prior employers) into my personal, employment, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

If hired, I agree to abide by all the company rules and regulations. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance, or otherwise change all policies, procedures, benefits or other terms or conditions of employment.

I hereby authorize Haas Sons/Haas Transport, Inc. to investigate all statements contained in this application. I hereby consent to Haas Sons/Haas Transport, Inc. conducting any checks concerning my background which are deemed necessary, advisable, or helpful by Haas Sons/Haas Transport, Inc. (except contacting my current employer prior to hiring, unless permission is granted above). I understand that if hired, I will be required to submit to a drug test as part of this application procedure.

I certify and guarantee that all statements made on this application are true and complete to the best of my knowledge. I understand that falsification of this application may result in not being considered for employment or, in the event I become employed by Haas Sons/Haas Transport, Inc. in my dismissal, regardless of when such falsification is discovered.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_